



NON-PRESCRIPTION TOPICAL MEDICATION AUTHORIZATION
(PLEASE LIST EACH CHILD SEPERATELY)

I hereby give my permission to UCS Early Childhood Program to apply the following non-prescription topical medications to my child(ren), daily as needed:

Child 1

Child's Name: _____

Name of Sunscreen: _____

Name of Diaper Ointment: _____

Child 2

Child's Name: _____

Name of Sunscreen: _____

Name of Diaper Ointment: _____

Child 3

Child's Name: _____

Name of Sunscreen: _____

Name of Diaper Ointment: _____

Parent/Guardian Signature

Date